



UC San Diego

Policy & Procedure Manual

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BUSINESS OFFICE

Section: 500-11

Effective: 05/01/1984

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Issuing Office: [Environment, Health & Safety](#)

UNIVERSITY MISCELLANEOUS PROPERTY INSURANCE PROGRAM

I. REFERENCES AND RELATED POLICIES

A. Business and Finance Bulletin (BFB)

BUS-1 Blanket Insurance Policies

BUS-28 Property, Equipment, Money and Security Losses as a Result of Fire, Theft or Other Causes

BUS-39 Loss or Damage to Property of Individuals including Employees, Faculty and Students

BUS-71 Miscellaneous Personal Property Risk Management

B. UCSD Policy and Procedure Manual (PPM)

[500-10](#) University Insurance Coverage--Fine Arts and Collections

[300-10](#) Petty Cash Funds

300-20 Sub-Cashiering and Change Funds

[460-2](#) Found/Unclaimed Property

460-3 Loss or Damage to Property of Individuals

[522-1](#) Property Inventory Control System Operating Procedures

[523-12.3](#) Lease of Equipment

II. BACKGROUND

This statement sets forth the policy of the University governing the administration of miscellaneous property insurance. It is the policy of UCSD to provide an insurance program to protect University property.

III. POLICY

A. Coverage

1. Departments may purchase insurance coverage for all miscellaneous personal

property of the University of California regardless of location. (See PPM 500-10 for fine arts and collections.)

2. This includes property of The Regents, i.e., cameras, tape recorders, typewriters, etc.; property for which The Regents have assumed liability; or property for which liability has been assumed prior to any known reported loss. Excluded are accounts, bills, currency, deeds, evidences of debt, money, notes, securities or similar valuables, and any other University property specifically identified and insured under the terms of a formal insurance policy such as aircraft, large boats and ships, boiler and pressure vessels, and fine arts and collections.
3. Coverage up to \$50,000 is maintained through the University's self-insurance program. Property valued in excess of this amount will not be insured without prior approval of the Office of the President--Risk Management & Safety Office. Office of the President--Risk Management & Safety Office will obtain excess coverage through a commercial carrier.
4. Coverage for property at an off-campus location automatically includes transit to and from the campus.
5. Coverage is extended to protect against all risks of physical loss or damage from any external cause except for the following:
 - a. Loss or damage from wear, tear, gradual deterioration, insects, vermin, inherent vice or delay, or resulting from dryness/dampness of atmosphere, freezing or other extremes of temperature.
 - b. Loss or damage due to any processing, or while property is actually being worked upon, resulting from any repairing, restoration or retouching process.
 - c. Loss caused by any dishonest act by any person to whom the covered property may be entrusted, carriers for hire excepted.
 - d. Loss due to mechanical breakdown, blowout, short circuit, or other electrical disturbance within any electrically-equipped property unless fire ensues and then for such loss or damage caused by fire only.
 - e. Loss from disappearance, unexplained loss, or shortage disclosed upon taking inventory.
 - f. Loss or damage sustained by underwater exposure.
 - g. Loss or damage caused by, or resulting from, theft from unattended vehicles unless theft is carried out by forcible entry evidenced by visible marks.
 - h. Loss or damage due to war/nuclear risks as outlined under the terms and conditions of a standard commercial "all risk" insurance policy.
 - i. Delay, loss of market, business interruption for data processing/computer equipment.
 - j. Wear and tear, mechanical breakdown, faulty construction, error in programming or instructing the machine, error in design, data erasure caused by or resulting from magnetic injury or electrical disturbances,

inherent vice, latent defect, gradual deterioration, depreciation, insect, vermin, or by processing or any work upon the property, but if fire or explosion ensues, then the direct loss or damage caused by such ensuing fire or explosion shall not be excluded.

6. When coverage is requested for property to be located at an off-campus location, insurance covering transit to and from the campus/location is automatically provided under this program.
7. Coverage is worldwide.

B. Premium Charges

1. Property will be catalogued under an appropriate category to determine the specific premium rate. This amount is charged to the requesting department's account number.
2. Premiums will be collected for both the self-insured (see Supplement I for rates) and commercially-insured portions of the program. Commercial rates will be charged according to the involved risk.

IV. PROCEDURE

A. Department

1. To obtain insurance coverage, the department head, or his designee, requests a Request for Insurance form, Exhibit A, from the Campus Risk Coordinator, extension 4237.
2. The Request for Insurance form is to be completed in its entirety, including serial and identification numbers, approved by the department head, or his designee, and returned to the Campus Risk Coordinator (Q-025).
3. The equipment value as stated on the Request for Insurance form is the basis for reimbursement should a loss occur. The most recent replacement purchase price should be used for valuation purposes.
4. If the total value of a Request for Insurance form exceeds \$50,000, a Request for Coverage over \$50,000 Limit form, Exhibit B, is obtained from the Campus Risk Coordinator for completion. This form must accompany the Request for Insurance when returned to the Campus Risk Coordinator.
5. To report and effect any changes, deletions, or additions to an approved Request for Insurance form, a Request for Changes to Existing Insurance form, Exhibit C, is obtained from the Campus Risk Coordinator. This form should be completed and returned as soon as possible.
6. The Request for Insurance form (under \$50,000) must be received by the Campus Risk Coordinator at least five working days prior to the date of coverage. Over \$50,000 value requests require at least eight working days notice prior to date of coverage.
7. Coverage will not be in effect until the Request for Insurance form is received at Office of the President--Risk Management & Safety Office. The time period/dates of coverage may be changed by the Campus Risk Coordinator to coincide with this mailing schedule.

8. When a loss occurs, a Personal Loss or Damage Report form, Exhibit D, is completed and forwarded to the Campus Risk Coordinator. Damaged property is to be protected from any further damage, and the damaged and undamaged property is separated and put in the best possible order. A complete inventory of the destroyed/damaged property showing in detail quantities, acquisition cost, replacement value and the amount of loss claimed is forwarded to the Campus Risk Coordinator.

B. Campus Risk Coordinator

1. Reviews and approves all Request for Insurance forms and all Request for Changes to Existing Insurance forms for submission to Office of the President-- Risk Management & Safety Office.
2. Informs department of amount of premium charge.
3. Maintains a follow-up for Request for Insurance requests.
4. Contacts requesting department near termination date of coverage to determine continuation and necessary changes of coverage.
5. Assists departments in handling and submitting claims on insured property, and providing Office of the President Claims Manager with additional data as required to process claims.

C. Office of the President--Risk Management and Safety Office

1. Reviews Request for Insurance forms to determine involved risk, approves on behalf of the University and allocates premium cost.
2. Receives requests for special coverage from Campus Risk Coordinators and establishes and negotiates rates.
3. After Request for Insurance form has been approved, returns copy of Request for Insurance form indicating the premium charge to the Campus Risk Coordinator.
4. Insurance coverage will not be in effect until the Request for Insurance form has been approved by the Office of the President--Risk Management and Safety Office and excess underwriters (values over \$50,000 when applicable).



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EXHIBIT A

UNIVERSITY OF CALIFORNIA REQUEST FOR INSURANCE

1. DEPARTMENT REQUESTING INSURANCE:		2. DATE OF REQUEST:	
3. PERSON(S) RESPONSIBLE FOR PROPERTY:		4. THIS IS A REQUEST FOR: _____INSURANCE _____QUOTE	
5. LOCATION(S) OF PROPERTY WHILE INSURED:		6. TYPE OF EXPOSURE (CHECK IF APPLICABLE) _____Miscellaneous _____Airborne _____Audio/Visual _____Waterborne _____Medical/Hosp. _____Underground _____Pocket Pager _____Watercraft	
7. IF APPLICABLE HOW WILL PROPERTY BE TRANSPORTED? _____SHIP _____AIR _____TRUCK _____PERSONAL LUGGAGE _____OTHER _____		8. DESIGNATE CARRIER:	
9. PROPERTY OWNERSHIP: _____Owned by Regents _____Leased _____Other _____Borrowed _____Rented		IF NOT OWNED BY REGENTS, GIVE NAME AND ADDRESS OF OWNER:	
10. EXPLANATION (WHEN PURPOSE, USE OR APPLICATION OF PROPERTY IS NOT GENERALLY KNOWN, EXPLAIN BRIEFLY)			
11. DEPARTMENT, ACCOUNT NAME AND NUMBER PREMIUM TO BE CHARGED AGAINST:			
12. PERIOD OF INSURANCE (NOON, STANDARD TIME, PLACE OF ISSUANCE) FROM: _____ TO: _____			
13. PROPERTY IDENTIFICATION: (ATTACH ADDITIONAL SHEETS IF REQUIRED)			
SERIAL NO. OR UNIVERSITY I.D. NO.	DESCRIPTION		COST OR VALUE

**University of California San Diego Policy – PPM 500 – 11 EXHIBIT A
 PPM 500 – 11 EXHIBIT A University of California Request For Insurance**

		TOTAL VALUE OF PROPERTY:
14. DEPARTMENTAL APPROVAL	BUSINESS OFFICE APPROVAL	
1.	1.	
2.	2.	

FORM 1300 SF1332

SEND TO SAYLOR & HILL CO., 1939 HARRISON ST., OAKLAND, CA 94612



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EXHIBIT B

CAMPUS: _____

R.F.I. # _____

UNIVERSITY OF CALIFORNIA MISCELLANEOUS PROPERTY PROGRAM

PRIOR APPROVAL - REQUEST FOR INSURANCE - EXCESS FORM

Date of Request: _____

Attachment to Request for Insurance (RFI/form 1300) No. _____ Dated: _____

Location of Property While Insured: _____

TRANSPORTATION & PACKING DETAILS (If Applicable):

Weight of Shipment: _____ No. Of Pieces (Containers, etc): _____

Highest Value of Any One Container: \$ _____ Packed By: _____

Name of Carrier(s) - Between What Points: _____

Include any pertinent information not described on attached RFI Form: _____

Requested By: _____
(Insurance & Risk Coordinator)

University of California San Diego Policy – PPM 500 – 11 EXHIBIT B
PPM 500 – 11 EXHIBIT B University of California Miscellaneous Property Program

TO BE COMPLETED BY SAYLOR & HILL:

Requirements/Conditions of Approval: _____

Approved by: _____ Date: _____
(Saylor & Hill Co./Insurance Co.)

Rates Applied: \$ _____ Period of Insurance: _____

PREMIUM CALCULATION/TOTAL AMOUNT INSURED:

ORIGINAL TO: Saylor & Hill Co., 1939 Harrison St., Suite 201, Oakland, California, 94612

(Revised 10-1-81)

University of California San Diego Policy – PPM 500 – 11 EXHIBIT C
PPM 500 – 11 EXHIBIT C University of California Request for Change to Existing Ins.

14. DEPARTMENTAL APPROVAL	BUSINESS OFFICE APPROVAL
1.	1.
2.	2.

FORM 1310 SF 1444

ORIGINAL - Send to Saylor & Hill Co., 1939 Harrison St., Oakland, California 94612



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SUPPLEMENT I

INSURANCE PREMIUM RATES

<u>Type Property</u>	<u>Theft Deductible</u>	<u>Non-Theft & Forced Entry Deductible</u>	<u>Self-Insurance Per \$100 Annual Rate Value</u>	<u>Excess Annual Rate Per \$100 Value</u>
Unspecified Misc Property	\$250	\$200	\$.65	\$.65
Electronic Data Processing Equipment (Computers)**	100	50	.55	.25
Pocket Pagers	100	100	5.00	N/A

The premiums outlined above presuppose that the amount of protection is to full value of the items to be covered (full value meaning cost to replace items used or, if unavailable, cost to replace items new), but will not exceed the total value declared on the Request for Insurance.

**Computer equipment must be the only items insured under the specific Request for Insurance and cannot be grouped with other office equipment. This rate will not apply to any short-term (less than 1 year) coverage. There is an initial minimum premium of \$25.00.

There will be a one-year reporting requirement for all losses covered under this program. The Business Office must receive notification of a claim within 365 days of the occurrence. Claim forms are available from the Business Office.